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## Ending Child Hunger and Undernutrition Initiative**

*Summary*

This report responds to Executive Board decision 2007/1 (E/ICEF/2007/7 (Part I)), adopted at the first regular session of 2007. In this decision, the Board, inter alia, took note of the revised draft Global Framework for Action for the Ending Child Hunger and Undernutrition Initiative, recognized its potential contribution to achieving Millennium Development Goal 1 in mobilizing wider global partnerships to end child hunger and undernutrition, and encouraged UNICEF to continue discussions with Member States and relevant partners on its further development.

The Board also requested the submission of a report for action at its annual session of 2007 on several issues relating to the Initiative, in order for the Board to review the role and involvement of UNICEF therein. These issues are addressed in the present report.

The Executive Board may wish to consider adopting the draft decision in paragraph 33 of the report.

* E/ICEF/2007/8.
** This report was submitted late because of the need for internal consultations.

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1. As described in detail in E/ICEF/2007/4, the Ending Child Hunger and Undernutrition Initiative (ECHUI) aims to strengthen partnerships for the Millennium Development Goal target of halving the proportion of people who suffer from hunger between 1990 and 2015, using the percentage of children under five years of age who are underweight as a key indicator. It aims to help bring about a sustained decline in the proportion of children under age five years worldwide who are underweight, from about one third at the beginning of the last decade to one sixth or less by the middle of the next decade. Its focus is on promoting attention and catalysing effective action on children's hunger and undernutrition, by intensifying partnerships in support of national policies and initiatives and through advocacy, using the latest data on these problems and the best available evidence on "what works" to address them.

**Update on planning of the Initiative**

2. As envisaged by the Executive Board, since January 2007 discussions on the evolving Global Framework for Action for ECHUI have continued with a range of interested partners in the United Nations, non-governmental organizations (NGOs) and the private sector. Planning has advanced for a prospective launching of a broad-based partners' group that would guide the Initiative, to be chaired on a rotational basis among members, initially by the United Nations High Commissioner for Refugees (UNHCR) in his personal capacity. Extensive and valuable comments on the technical focus and scope of the Initiative have been provided by the United Nations Standing Committee on Nutrition, as well as by individual agencies including the Food and Agricultural Organization of the United Nations (FAO). These comments will contribute to the strengthening of the Global Framework for Action. Work is also continuing to define clear and concrete targets to which ECHUI will contribute as a catalytic initiative and the strategies it will use and promote (see annex 1). Meanwhile, the Executive Board of the World Food Programme (WFP), in its decision 2007/EB.1/3 (WFP/EB.1/2007/1) of 22 February 2007, authorized WFP to continue the development of the Initiative and its proposed partners' group, steering committee and secretariat; and approved the WFP role in the 2007-2008 work plan with a first-year budget of $1.31 million, contingent upon approval by the UNICEF Executive Board of UNICEF participation with a matching contribution of funds for the joint secretariat.

3. Partners at the global level, which initially include UNICEF and WFP, with involvement of and interest from FAO, the International Fund for Agricultural Development (IFAD), the United Nations Development Programme (UNDP), UNHCR, the World Bank, the World Health Organization (WHO), key NGOs, private sector partners and others, have continued to discuss the draft work plan and the prospective launching of the Initiative. In these discussions, a major emphasis continues to be placed on working with United Nations country teams (UNCTs) and international partners to support national authorities in scaling up integrated nutrition-focused and hunger-related interventions and services as part of their national policies and plans, in order to achieve sustained results for children. Practical lessons from scaled-up programme collaboration and partnerships on child nutrition in such countries as Ethiopia and in the Sahel are being applied through ongoing collaboration elsewhere with WFP and other partners (see paras. 26-29 below).

**Role, functions and responsibilities of UNICEF and division of labour among partners**

4. A detailed division of labour among the partners to the Initiative will be established by the partners' group once it has been formally established and its work plan finalized, with support from the secretariat. Meanwhile, however, major elements of this division of labour have obtained a high degree of consensus. National authorities will take the leadership role in terms of developing, reviewing and where necessary, strengthening or realigning national policies, programmes, standards and systems for addressing country-specific problems of child hunger and undernutrition.

5. Regional intergovernmental and technical organizations will play a major supporting role through the strengthening, refinement and promotion of strategic approaches, partnerships, monitoring and cooperation on these problems across countries. Existing regional initiatives, including "Latin America and the Caribbean without Hunger 2025" and the New Partnership for Africa's Development, provide major opportunities for synergy and acceleration towards the goals that ECHUI will promote.

6. Among the United Nations agencies and through UNCTs, United Nations resident coordinators will be mobilized to take a lead in providing high-level advocacy and mobilizing technical advice as required by national partners on hunger and nutrition issues affecting children, as part of their promotion of the Millennium agenda. UNDP is expected to provide a range of support, including policy advice and to national monitoring and reporting on the Millennium Development Goals, which encompass the hunger- and nutrition-related targets. FAO will provide technical leadership within the Initiative on a range of household food security issues and related production sector aspects, including through its knowledge base of experience and good practices at country level. WHO will play a similar role in relation to the technical and normative aspects of ECHUI partnerships in the health sector. The United Nations Standing Committee on Nutrition will provide ongoing technical advice to the Initiative, including the partners' group. The World Bank, IFAD and prospectively, the regional development banks, will consider national proposals for lending and other forms of support in priority countries, for purposes relating to the goals of ECHUI. In the case of the World Bank, the consideration of investments in priority countries is expected to be particularly informed by the paper, *Repositioning Nutrition as Central to Development — A Strategy for Large-Scale Action* (World Bank, 2006). UNHCR, the United Nations Population Fund and the United Nations Educational, Scientific and Cultural Organization and other key agencies will also be strongly involved through UNCTs and the global partners' group.

7. Among the initiating partners, WFP will continue to apply its extensive logistical, technical and field operational expertise and resources to strengthening national capacities to deploy food-based and other interventions relating to child hunger and undernutrition. It will also continue to contribute to joint advocacy efforts by the ECHUI partners. WFP will continue to host and co-support the small joint secretariat for the Initiative.

8. UNICEF will support the Initiative primarily as a member of UNCTs, through the United Nations Development Assistance Framework (UNDAF) where it exists and based on its ongoing and new country programmes of cooperation, as approved

by the Executive Board. Among the ECHUI partners and through these programmes, UNICEF in particular will support the national implementation of related initiatives for the delivery at scale of integrated health and nutrition basic services for families and communities. Depending on country situations and national priorities and working with other partners, UNICEF may promote and support: health, nutrition and hygiene education, including the promotion and protection of exclusive breastfeeding and the promotion of complementary feeding; micronutrient supplementation; household water treatment; the promotion of hand-washing with soap; and parasite control. Such specific elements of household food security as therapeutic feeding for severely malnourished children, including in emergencies, will also be supported where needed.

9. Within the broad focus areas identified for the Initiative, UNICEF will continue to support, among other possible activities: data collection and nutritional assessments; building family and community capacities for sustained action for the survival and healthy growth of their children, including to address growth faltering; behavioural change in support of recommended nutritional practices; the enhancement of national capacities and policies, particularly in the health and water and environmental sanitation (WES) sectors, for basic service delivery at scale, nutrition-related emergency responses based on the UNICEF Core Commitments for Children (CCCs) in emergencies; and catalytic support to innovations and pilot initiatives linked to wider national policy development. UNICEF will also continue to play an important role, in the context of ECHUI partnerships, in advocating and building alliances at national and international levels for attention to nutritional issues affecting children's rights, in both non-emergency and emergency conditions and on a sustained basis. UNICEF communication capacities at various levels will also support the raising of awareness of these challenges, in conjunction with other members of the partners' group.

10. UNICEF will also work with FAO, UNDP, WFP, WHO, the World Bank and others in support of the further development and review of national policies, including poverty reduction strategies (PRSs), sector wide approaches (SWAps) and medium-term expenditure frameworks, to promote the optimal and most appropriate integration of nutritional investments and strategies for children and women, based on the best available evidence, assessments and analysis. Public policy efforts will continue to encompass advocacy and assistance to Governments for appropriate legislative and regulatory reforms in such areas as food fortification and support to breastfeeding. UNICEF will contribute to strengthening of national and international databases on nutrition among vulnerable groups, including through continuing support to multiple indicator cluster surveys (MICS), DevInfo, situation analysis on children and women and emergency assessments, in collaboration with the demographic and health surveys (DHS) and through global child-related statistics and such publications as *Progress for Children*. Maintenance by UNICEF of key data sets, including its tracking of global and country incidence of underweight among children under age five years and other key nutrition indicators, will be central to the Initiative's advocacy and accountability strategies. UNICEF will also work with other members of the partners' group in the documentation, evaluation and wider dissemination of field experience in addressing hunger and undernutrition, including from national and community-level innovations supported by United Nations agencies under the UNDAF and through joint programmes.

11. Non-governmental partners in the Initiative primarily will support the building of needed capacities in national and local government institutions, and among community-based organizations and networks, for the delivery of nutrition-related services and support to the most vulnerable children and poorest families, and for local assessments, pilot innovations, operational research, social mobilization and monitoring. Key NGOs will also be partners in building national and global consensus and strengthening policies and alliances to tackle endemic problems of child hunger and undernutrition. Private sector partners will support efforts to engage companies operating in global, regional and national markets, through co-promotion of innovations and new technologies, developing communications and messaging, contributing technical expertise to identifying solutions and helping to scale up interventions. Sustainable food fortification and the promotion of hand-washing are examples of potential areas for private sector partnerships. Academic and technical institutions will also contribute to the development of country-specific strategies, the piloting of innovations, operational research and recommended practices.

12. Representatives of these various constituencies, including national Governments, regional institutions, United Nations agencies, NGOs and private sector agencies, will participate as members of the partners' group, which will strategically guide the Initiative as it evolves. The group will define, adopt and monitor a results-based annual work plan for the Initiative, including the activities of the secretariat, based on the Global Framework for Action. The group will advise the small steering committee on issues relating to policy and strategic management of ECHUI and will promote common advocacy approaches, awareness and broad-based ownership among the respective constituencies, in support of action for children. It will also promote a common analysis of whether the world and its regions are on track to meet the Millennium Development Goal target relating to child hunger and undernutrition, and of what more needs to be done through partnerships to ensure a sufficient rate of progress.

**Implications for UNICEF capacities to achieve organizational targets under the focus areas of the medium-term strategic plan**

13. The ECHUI addresses a range of cross-sectoral causes of low birth weight, poor growth and other nutritional problems among infants and young children. These are closely linked to child mortality. The ECHUI partnership approach aims to promote better outcomes for child survival, growth and development and has the potential to make a significant contribution to these outcomes, as reflected in the UNICEF medium-term strategic plan (MTSP) for 2006-2009 (E/ICEF/2005/11), and for the Millennium Development Goals to which the MTSP is designed to contribute. The Initiative will also form part of the intensified multisectoral effort for child survival and development which is being supported in a number of countries in sub-Saharan Africa by UNICEF and other partners, including the African Union, based on successful or promising initiatives for scaling-up community-based outreach and clinical interventions in health, nutrition, water and sanitation and HIV/AIDS (see also the annual report to the Executive Board (E/ICEF/2007/9)).

14. The ECHUI will strengthen the partnerships through which UNICEF pursues the key results and organizational targets under the MTSP, and will thereby add value to these efforts on a highly cost-effective basis. This impact is anticipated on

the basis of the very close and direct correspondence of the focus areas and strategies of ECHUI with the key results and targets already established in the MTSP, and to the strategic intention of the MTSP of building wider and more effective partnerships for the achievement of results for children, including in priority countries and at global and regional levels.

15. The Initiative, as elaborated in the draft Global Framework for Action, will also adopt strategies that correspond very closely with those contained in the UNICEF joint health and nutrition strategy for 2006-2015 in support of the MTSP (E/ICEF/2006/8), welcomed by the Executive Board at its first regular session of 2006 in decision 2006/3 (E/ICEF/2006/5/Rev.1). Both approaches emphasize country-level situation assessment and analysis among children and women as a basis for leveraging policies, plans and budgets through improved knowledge and evidence, and then translating these into large-scale, accelerated action for improvements in health and nutrition outcomes among children. Many of the priority interventions identified in the joint health and nutrition strategy in turn are emphasized by the Global Framework.

16. The enhanced effectiveness of partnerships on issues of child hunger and undernutrition between United Nations agencies, national authorities, NGOs, private sector actors and financing agencies will most directly support the MTSP key results for young child survival and development (focus area 1), particularly targets 4-8 and 12. These partnerships will also have positive implications for targets within the MTSP focus areas on basic education and gender equality, HIV/AIDS and children, and policy advocacy and partnerships for children's rights (see annex 2). In addition to taking forward many of the areas of cooperation established in the MTSP, several of the thematic and corporate evaluations and surveys identified to be undertaken in the framework of the MTSP are also directly relevant for ECHUI.

17. The Initiative, through its promotion of cost-effective responses to the rights of children based on more integrated social sector delivery systems, will also create important positive synergies for these systems as a whole. The strengthening of national policies for child-focused development and children's rights, of capacities for the delivery of linked interventions at national and subnational levels, of community mobilization, of emergency response systems and of multisectoral household survey and monitoring systems, all will have positive effects for Millennium Development Goal targets in such areas as pre-school and basic education, HIV/AIDS prevention and treatment and child protection (especially social protection, which is part of the household food security component of ECHUI). These impacts and synergies therefore will span the entire range of the MTSP focus areas, including results for the CCCs, well beyond child hunger and nutrition alone.

**Implications and consequences for the allocation of UNICEF core resources, including to country programmes**

18. The large majority of UNICEF programmable core resources will continue to be allocated based on national priorities through country programmes of cooperation, within UNDAFs where these exist. The Initiative will assist UNICEF, in conjunction with national partners and other agencies in UNCTs, to ensure an adequate focus on national challenges of child hunger and nutrition in the Common Country Assessment (CCA) or similar national analysis of key development and

human rights issues. Depending on the outcomes of these analyses and on the priorities for United Nations cooperation agreed, normally through the UNDAF, with national authorities, UNICEF-assisted programmes of cooperation will continue to consider the appropriate level of emphasis and allocation of core resources to MTSP results areas and targets which address the specific patterns and causes of child undernutrition and related problems in each country.

19. In the framework of the MTSP, UNICEF will monitor trends in estimated expenditures on nutrition-related interventions, including those to be promoted by the ECHUI Global Framework of Action, and will report on these periodically, including to the Executive Board. It is estimated that regular resource expenditures on programme assistance for areas of cooperation which are directly related to the ECHUI focus areas totalled some $16.8 million in 2006, plus an additional $88.8 million in other resources (regular and emergency). In addition, a further estimated $28.9 million in regular resources and $84.4 million in other resources were spent in 2006 on broader health and nutrition intervention packages and school-based sanitation and hygiene education, elements of which are also directly related to the global focus areas of the Initiative.

20. Since the major focus of the Initiative is on strengthening of partnerships and the use of available data for evidence-based advocacy to catalyse broader action — approaches which are likely to be highly cost-effective but not financially intensive — ECHUI in itself is not anticipated to have more than a marginal impact on the allocation of UNICEF core resources, including for country programmes of cooperation. These allocations will continue to be determined through the programming process in each country, according to national priorities and the situation of children, including for agreed support for national responses to the nutritional problems facing children, based on the best available country assessment and analysis of these problems. In the event of specific national needs arising which cannot be covered from the current regular resource allocations to country programmes, the Executive Director may draw on available discretionary resources, in the form of the regular resources set-aside or the Emergency Programme Fund, to respond to these needs on a temporary basis.

21. UNICEF technical staffing patterns at country level are derived from the agreed focus of the country programme of cooperation. Existing staff who are contributing to cooperation in areas directly related to child nutrition will be expected to further emphasize support to partnership development, situation analysis and consensus-building, within and beyond the UNCT and with national authorities, on the scope and nature of challenges facing children and on the level and the type of national actions, with the support of international cooperation, which are necessary to address them. UNICEF staff working in these areas will also place increased emphasis on the use of evidence, including data and international good practices, for advocacy and support to policy development and scaled-up programme design. This relative shift of emphasis, in line with the focus of ECHUI, is fully consistent with the strategies and focus on partnerships, advocacy, leveraging of resources and support to national capacity development and "upstream" policy work, which form an integral part of the MTSP.

22. The correspondence of the Initiative with the UNICEF MTSP and joint health and nutrition support strategy was described in paras. 13-17 above. Accordingly, at global level, UNICEF will support the Initiative on an ongoing basis through the

work of its Programme Division (especially the clusters for nutrition, child survival, WES, HIV/AIDS and early childhood development), its Division of Communication (for support to public advocacy) and its Division for Policy and Planning (including for support to data monitoring, tracking of indicators for the Millennium Development Goals and analysis of nutrition trends). ECHUI will form part of the regular work of these and other organizational units and will be fully integrated in their ongoing contributions to the organizational targets of the MTSP and the joint health and nutrition strategy.

23. Coordination and monitoring of the UNICEF role in the Initiative will continue to be undertaken by designated staff with appropriate experience (an estimated 30 per cent of the time of one senior-level and one mid-level staff member, representing an in-kind allocation of about $120,000 per year, plus some directly related travel costs). UNICEF will also allocate up to $1 million per year from the support budget to provide support to the joint secretariat, hosted by WFP and expected to include further contributing agencies. This co-funding support will include the costs of secondment of a team leader (at D-2 level) and a communication officer (at P-4 level), as well as support for consultations, partnership development, analysis, travel, communication and advocacy work by the joint secretariat, as part of the overall work plan of the partners' group.

**Implications for UNDAFs, poverty reduction strategies and national planning processes**

24. Partners to ECHUI will aim to ensure that due emphasis is given to assessment, analysis and strategic focus on national challenges for achieving the Millennium Development Goals, as well as targets and indicators relating to hunger and undernutrition in CCAs, national analytical exercises and UNDAFs, which respond to national priorities through strategic cooperation of the United Nations system.

25. Various examples exist where UNCTs are working on child hunger and nutrition issues through established instruments for national cooperation, including CCAs, UNDAFs and joint programmes. ECHUI partners will encourage United Nations resident coordinators and country teams to discuss the appropriate level of emphasis to be given to these issues in the CCA or similar analytical exercises, and in the formulation of UNDAFs and their ongoing subsequent review, evaluation and revision, in the light of national and subnational data and trends.

26. Within UNCTs, UNICEF and WFP already are collaborating on a significant basis in over 50 countries to address issues of child and maternal nutrition, usually with a range of other partners. In 39 countries, UNICEF and WFP are collaborating through formal joint programme mechanisms.

27. In five countries of the Sahelian subregion, where undernutrition is an attributable cause of more than one half of child deaths and the prevalence of underweight children among children under age five years ranges between 32 and 40 per cent, members of UNCTs are already working closely through UNDAFs and with regional, NGO and financing partners in support of national policies and programmes to address the challenge. With the involvement of United Nations resident coordinators and of FAO, UNDP, UNICEF, WFP and WHO as lead agencies in different areas, and with programmatic and operational assistance, support is being provided for treatment and care for undernourished children and for a range of

preventive measures, including infant and young child feeding, micronutrient supplementation, household food security, immunization, malaria and diarrhoeal disease control, hand-washing promotion and other areas incorporated in the ECHUI Global Framework of Action.

28. In Ethiopia, under the UNDAF, UNICEF and WFP jointly support and assist the implementation of the national Extended Outreach Strategy which, through Child Health Days, provides a combination of critical health and nutrition interventions to large numbers of children, including vitamin A supplements, deworming tablets and immunizations. Some 10.5 million children were reached in 2006; of these, the nutritional status of 6.6 million was assessed and some 475,000 were found to be acutely malnourished and referred to a targeted supplementary feeding programme supported by WFP.

29. In India, UNICEF, WFP and other partners are collaborating with state and national governments to increase the effectiveness of the long-established Integrated Child Development Services, which provide a range of services to families to promote child survival and nutrition through a network of some 700,000 community workers. Support is being provided in six states for: strengthening the skills of community workers and their supervisory systems; increasing home visits and focusing on infants; and promoting community analysis of problems facing young children. These and other field-level examples provide an indication of the potential of the United Nations system, working through UNDAFs and based on both its operational and normative roles, to provide impetus and capacity-building support for children's rights to food, nutrition and survival in some of the poorest regions and countries, including those with widespread challenges of hunger and undernourishment among children.

30. Some 63 countries now have some form of PRS. These countries are home to an estimated 63 million children under age five years who are underweight, or about 43 per cent of all underweight children. However, there is considerable scope for further attention to issues of child hunger and undernutrition in national poverty reduction processes. An analysis of PRSs worldwide undertaken by WFP in 2006 found variable but generally very limited attention to issues of hunger and malnutrition, especially among children, with the exception of strategies in Asia.

31. With the major emphasis on national leadership and capacity development, including for policy formulation, analysis of Millennium Development Goal-related development issues and scaling up based on evidence and lessons learned, UNCTs, in collaboration with the ECHUI secretariat and the wider partners' group, will work with national authorities in support of the consideration of child hunger and nutrition challenges in the framework of their PRS, national development plan, subnational plans and programmes and related expenditure frameworks. The Sahelian subregion again provides a leading example of where such efforts are taking place. Here, UNCTs, with regional support, are assisting Governments to take the leadership role in addressing child hunger and undernutrition as a policy, programme and investment priority, including in PRSs and SWAps), as well as supporting national capacities for field assessment, monitoring, analysis, programme design and implementation, and advocating with bilateral and multilateral funding agencies.

32. The Initiative will work in similar ways in support of countries which have adopted national nutrition strategies or specific plans for child hunger and nutrition.

Where these exist, as in parts of Latin America and the Caribbean, the Initiative will collaborate with Governments that are undertaking progress reviews, evaluations or revisions to nutrition-related plans. It will particularly aim to facilitate national access to international evidence and expertise, relevant examples from other countries and verified good practice, in order to inform national strategy development to address child hunger and undernutrition on a durable basis.

**Recommendation**

33. It is recommended that the Executive Board adopt the following decision:

*The Executive Board*,

1. *Approves* the participation of UNICEF in the Ending Child Hunger and Undernutrition Initiative, including in its work plan and secretariat, as described in E/ICEF/2007/11 and within the framework of its medium-term strategic plan;

2. *Requests* UNICEF to report on the Initiative on a regular basis, including through the annual report to the Executive Board.

# Annex 1

## Proposed targets and strategies to be promoted

### I. Key target: Reduce the percentage of underweight children under age five years by one half, between 1990 and 2015

1. This indicator corresponds to Millennium Development Goal 1, Target 2: "halve, by 2015, the proportion of people who suffer from hunger".

2. An indicated global target trajectory for the percentage of children under age five years in developing countries who are underweight[1] is as follows:

1990: 33 per cent

2005: 29 per cent

2011: 22 per cent

2015: 16.5 per cent.

3. Using a phased approach and supporting countries to scale up their national efforts, the Ending Child Hunger and Undernutrition Initiative will help to bring about a long-term, sustained decline in the proportion of children under age five years who are underweight from about one third to one sixth or less.

4. **In the immediate term:** Between 2007 and 2015, the Initiative will help to reduce the proportion of children under age five years who are underweight from about 28 to 16 per cent — a 12 point improvement.

5. **Reduction in the number of undernourished children:** This percentage reduction will reduce the estimated number of undernourished children under five years of age from some 149 million in 2005 to about 96 million in 2015, i.e., below 100 million children, even accounting for population growth.[2]

6. **Interim target:** By 2011, the proportion of underweight children should fall to below one quarter.

7. **Rate of progress:** The Initiative will aim to double the rate of improvement, from 1.7 per cent per year in the period 1990-2004 to over 3 per cent per year. Major acceleration will be needed, particularly in South Asia and sub-Saharan Africa.

### II. Related and supporting targets[3]

- **Iodized salt**: The percentage of households in the developing world that are consuming iodized salt should increase from about two out of three (69 per cent in 1998-2004) to at least four out of five by 2015.
- **Exclusive breastfeeding**: The proportion of children in the developing world below age six months who are exclusively breastfed should rise from just over one third (36 per cent in 1998-2004) to at least one half by 2015.

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[1] Current estimates, subject to revision and updating in due course based on recalculation using the new WHO growth standards and based on new MICS/DHS data.

[2] Using mid-range population projection from the United Nations Population Division.

[3] To be elaborated further, including for household food security.

- **Vitamin A supplementation**: Coverage of two vitamin A capsules per year for all children aged 6-59 months in 103 affected countries should increase from 16 per cent in 1999 and 58 per cent in 2004, to close to 100 per cent by 2011.
- **Community therapeutic feeding**: Greatly increased survival of infants and children with severe acute malnutrition should be achieved using community therapeutic feeding with ready to use therapeutic foods such as Plumpy'Nut. Some 300,000 severely malnourished children will be saved each year. The focus will be on countries with severe levels of household food insecurity and/or significant levels of severe acute malnutrition and/or HIV infection.
- **Hand-washing**: By 2010, all developing countries to have an ongoing national campaign to promote hand-washing with soap.
- **Household water treatment**: By 2010, at least 40 developing countries to have a sustained and ongoing campaign to promote household drinking water treatment and safe storage in rural, peri-urban and urban slum areas.
- **Sanitation**: The percentage of households in developing countries using an improved sanitation facility should increase from about 50 per cent in 2004 to about 70 per cent in 2015.

## III. Key strategies to be used and promoted by the Initiative

1. Increased **awareness** of hunger and undernutrition, and understanding of potential solutions:

(a) get critical information to decision makers, using an improved evidence base;

(b) increase public awareness and participation through media and community dialogue;

(c) use social and behavioural change approaches to promote empowerment of families and communities.

2. Stronger national **policies** and programmes:

(a) improved situation analysis of child hunger and undernutrition, to support policies;

(b) linking with and integration of nutrition with the major push on child-related Millennium Development Goals, particularly Goals 4 and 6, including scaled-up sets of interventions;[4]

(c) adequate prioritization in PRSs, SWAps, development plans and national budgets;

(d) align United Nations and international assistance around national plans, to support scaling-up.

[4] Several sets of specific interventions are outlined in the ECHUI Global Framework for Action. These are: (a) health, nutrition and hygiene education; (b) household food security; (c) micronutrient supplementation; (d) household water treatment; (e) hand-washing with soap; and (f) parasite control (de-worming). These would be assessed in each country and integrated with service delivery systems.

3. Increased **community action**:

(a) communities identifying, monitoring and supporting hungry and undernourished children;

(b) reaching children and families with integrated support and commodities.

4. **More effective and accountable global efforts**:

(a) monitoring and evaluation of this and related initiatives, updating with the latest evidence and knowledge;

(b) global reporting of disaggregated data (*Progress for Children*);

(c) an innovative and dynamic partners' group, working with national and regional actors and motivating UNCTs and national alliances.

## Annex 2

### UNICEF medium-term strategic plan (E/ICEF/2005/11) 2006-2009 results matrix (extract)

*Targets, indicators, areas of cooperation and evaluations to which ECHUI partnerships will provide support*

| MTSP focus area | Targets (abridged formulation) | Indicators | Areas of cooperation | Evaluations and surveys |
|---|---|---|---|---|
| **Young child survival and development** | **Target 4**: Coverage of high-impact health and nutrition packages<br><br>**Target 5**: All high U5MR countries with PRS or equivalent with medium-term targets for scaling up high-impact health and nutrition packages, linked to medium-term expenditure frameworks (MTEFs)<br><br>**Target 6**: Increase the no. of families using appropriate care and feeding practices<br><br>**Target 7**: Family access to services and essential resources for child survival, growth and development<br><br>**Target 8**: All programme countries have an enabling policy environment for improved family and care practices for survival, growth and development | Rate of undernutrition/ % of children <5 years who are undernourished<br><br>% of children who received vitamin A supplement within last 6 months<br><br>% high U5MR countries with MTEFs which include quantified targets for scaling up health and nutrition interventions<br><br>% of infants exclusively breastfed (<6 months)<br><br>% of children <5 with diarrhoea who received oral rehydration therapy and continued feeding<br><br>% of households reached by programmes to support parenting for young child development<br><br>% of countries with programmes at scale that support good parenting and communication for marginalized/excluded children<br><br>No. of programme countries with national plans that included targets for scaling up improved family and community care practices | Child survival intervention packages<br><br>Monitoring, disease control and nutritional surveillance<br><br>Leverage resources for U5MR reduction<br><br>Procurement/supply of essential supplies for health and nutrition interventions<br><br>Prevention/control of anaemia and other micronutrient deficiencies<br><br>Community Integrated Management of Childhood Illness<br><br>Promotion of exclusive breastfeeding and complementary feeding<br><br>Community "triple A" processes (assessment-analysis-action)<br><br>Provision of essential health and nutrition resources and commodities at community level<br><br>Communication for behavioural change and social development<br><br>Scaling up for universal salt iodization<br><br>Promote essential hygiene practices | Evaluation of the UNICEF contribution to improving infant and young child feeding, including the Baby-Friendly Hospital Initiative (2006-2007)<br><br>Evaluation of impact of vitamin A supplementation (2008-2009) |

| MTSP focus area | Targets (abridged formulation) | Indicators | Areas of cooperation | Evaluations and surveys |
|---|---|---|---|---|
| | | % households using adequately iodized salt<br><br>% country programmes that have conducted gender analysis to identify challenges in family and community care practices<br><br>*Note: several of the indicators in the WES key result area (3) are also relevant, including those on fetching water.*<br><br>% of declared emergencies where a rapid assessment of the child health, nutrition, water/sanitation/hygiene situation has been conducted in the first 30 days<br><br>% of severely malnourished children provided with therapeutic feeding | Disaster preparedness<br><br>Rapid assessment<br><br>Coordinate for provision of infant feeding and nutrition rehabilitation<br><br>6-8 weeks interventions as per the CCCs, including vitamin A supplementation and micronutrient supplies | |
| | **Target 12**: Fully implement the CCCs for young child health, nutrition, water, sanitation and hygiene in declared emergency situations | | | |
| **Basic education and gender equality** | **Target 8**: No. of programme countries with national quality standards based on "child-friendly schools" or similar | No. of programme countries adopting quality standards though models such as "child friendly" schools | Link nutrition and other early interventions with primary school<br><br>Improve health, cognitive development and learning readiness (e.g., though school meals, anaemia and iodine deficiency disorder reduction, anti-helminths) | Evaluation of effects of parenting programmes (2006-2007)<br><br>Evaluation of impact of child-friendly schools (2006-2007) |
| **HIV/AIDS and children** | **Target 1**: In 54 countries, increase the proportion of orphaned and vulnerable children (OVCs) who are receiving care, support and protection | % of OVCs receiving free basic external support | Promote successful innovations to provide access to essential services with priority focus on OVCs and including linkages with home-based care. | Evaluation of impact of suppressive antiretrovirals on breastfeeding (2006-2007) |

| MTSP focus area | Targets (abridged formulation) | Indicators | Areas of cooperation | Evaluations and surveys |
|---|---|---|---|---|
| **Policy advocacy and partnerships for children's rights** | The four key results (on information, analysis, policy advocacy and child & youth participation) and eight targets are cross-sectoral and/or at macro level. All will encompass nutritional issues. | *Many of the indicators, which are cross-sectoral and/or at macrolevel, encompass issues of child nutrition.* | *Many of the areas of cooperation under this focus area encompass child nutritional issues.* | MDG reports and periodic reports to the Committee on the Rights of the Child<br><br>Multiple indicator cluster surveys<br><br>Mid-term review of *A World Fit for Children* |
| **Corporate-level evaluation** | **2006-2007**<br><br>UNICEF participation in budget processes (PRS, SWAps)<br><br>Effectiveness of child-to-child programmes<br><br>Corporate performance in humanitarian response<br><br>**2008-2009**<br><br>UNICEF and joint programming<br><br>Efficiency in going to scale from pilot interventions<br><br>Linking social policy/support systems to family empowerment. | | | |